

North Whitehall Township
 3256 Levans Road, Coplay PA 18037
610-799-3411 Fax 610-799-9629

**ELECTRICAL
 Permit Application**



MAIL PICK UP

A. Electrical PERMIT TYPE (CHECK ALL THAT APPLY)

- NEW SERVICE _____ AMPS REPLACE SERVICE _____ AMPS ADDITIONAL METER OR PANEL
 OUTLETS / SWITCHES ALARM SYSTEM SPA / HOT TUB
 BASEBOARD # _____ UNITS HTG. / A/C _____ KW.

Description Of Proposed Workl _____

PPL JOB #

Estimated Cost of Construction \$ _____

B. Identification

TAX MAP OR PIN (TWP.) _____

Project Location (Address) _____

Owner _____ Address _____ Phone _____

Applicant _____ Address _____ Phone _____

Contractor _____ Address _____ Phone _____

Is this application being made by the property owner? Y N Contractor? Y N Tenant? Y N

Proof of, or Waiver From, Worker's compensation insurance must be provided at time of submission.

NOTE: Submission of this application grants authorized representatives of North Whitehall Township access to this property at any reasonable time to inspect and verify the proposed use and/or structure contained within this application is in compliance with all North Whitehall Township zoning ordinances.

THE INFORMATION PROVIDED ON THIS APPLICATION BY THE APPLICANT(S)/OWNER IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

DATE _____ SIGNATURE OF OWNER _____ SIGNATURE OF APPLICANT _____

FOR OFFICE USE ONLY

APPLICATION REC'D. _____ (DATE) PERMIT ISSUED _____ (DATE) ISSUED BY: _____ (BUILDING OFFICIAL)

APPLICATION FEE \$ 30.00

STATE TRAINING FEE \$ 4.00

ELECTRICAL PERMIT FEE _____ PERMIT NUMBER _____

TOTAL FEES _____ CHECK NUMBER _____

RECEIPT NUMBER _____

CONDITIONS _____

OVER

KEYSTONE ELECTRICAL INSPECTORS, INC.

P.O. BOX 391

BETHLEHEM, PENNSYLVANIA 18016-0391

Phone (610) 866-9663 . FAX (610) 866-2664

DESC.	QTY.	FOR INSPECTOR'S USE ONLY	DESC.	QTY.	FOR INSPECTOR'S USE ONLY
Recepts.			Water Htr.		
Switches			Well Pump		
Lights.			A.G. Pool		
Ex. Fans			I.G. Pool		
GFI			Spa		
Paddle Fans.			Other-Describe ↓		
Smoke Det.					
Range					
Disposal					
Hood					
D.W.					
Dryer					
Ht. Pump					
sub total			sub total		
			R.W TOTALS.		

Service Amps: _____ Voltage: _____ AIC: _____

Sub Panels (size & quantity each): _____

Transformers (size & quantity each): _____

Feeders (size & quantity each-attach separate sheet if needed): _____

FOR INSPECTORS USE ONLY	Date	Approved	Not Approved
Bonding			
Service.			
Rough Wire			
Final.			

INSPECTION VERIFICATION

Address: _____ Project: _____

Who will be responsible for scheduling inspections for this project?

Name: _____ Daytime Phone: _____
Please Print Please Print

PLEASE BE ADVISED that the homeowner will ultimately be held responsible for making certain all inspections are in fact scheduled and performed. Please maintain contact throughout the building process to ensure inspections are performed and approved. **AS WITH ALL PERMITS**, this structure is **NOT** to be occupied or used until a Certificate of Occupancy issued by the Township is in hand.

I, _____, the owner of the above referenced property, understand that I am ultimately responsible for seeing this project through until a Certificate of Occupancy is in my possession.

- Construction entrance (if applicable) must be approved by the Zoning Officer prior to construction if existing driveway is not being utilized.
- The site shall be secured at all feasible stages of construction.
- Silt fence or other appropriate erosion control (if applicable) must remain downslope of construction site until the project is complete and the lawn in that area is established.

I, _____, the contractor for this project, have read and understand these instructions.